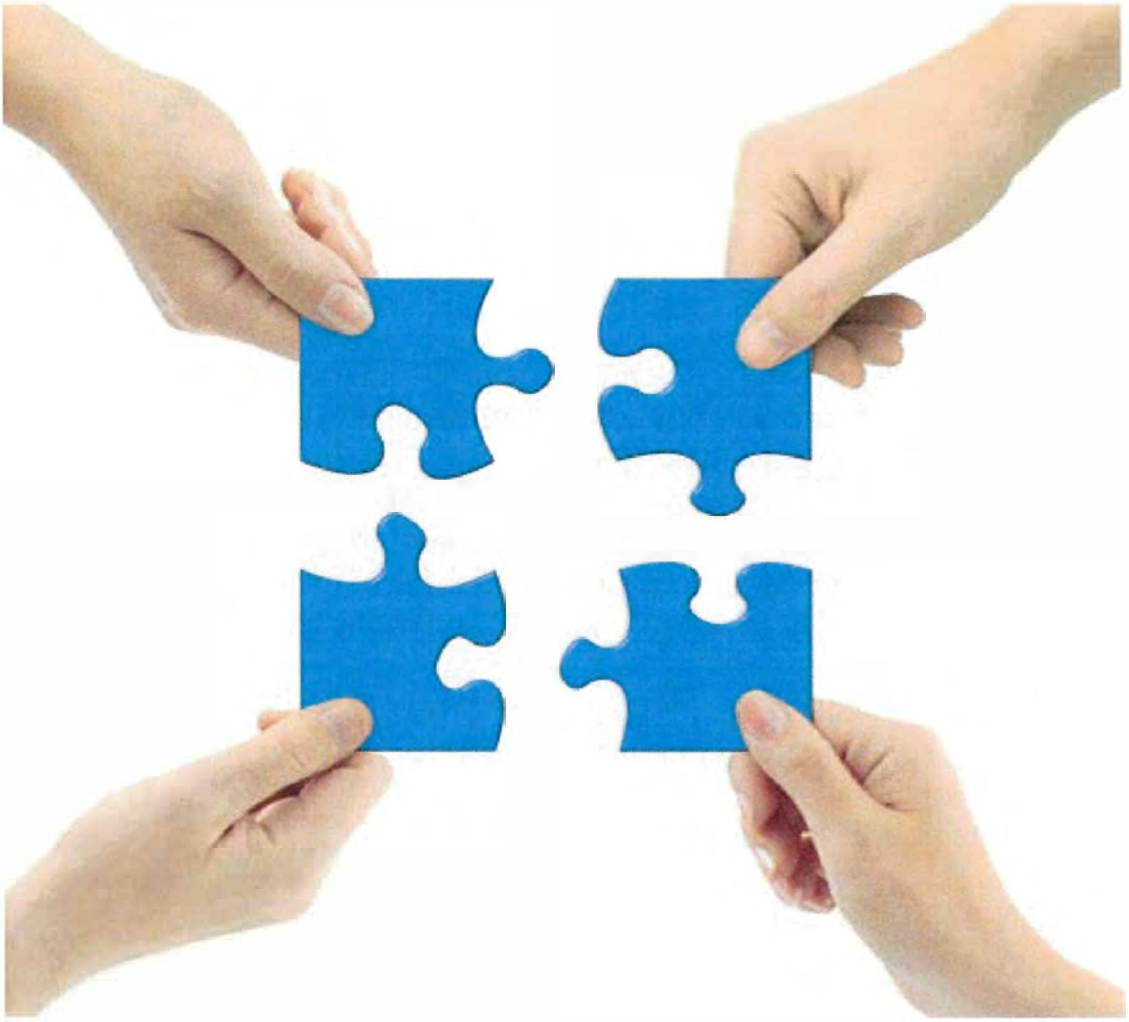
Seeking solutions to self-injury



A GUIDE FOR PARENTS AND FAMILIES

Child and Adolescent Psychiatry
The University of Queensland, Brisbane, Australia

SEEKING SOLUTIONS TO SELF-INJURY
A GUIDE FOR PARENTS AND FAMILIES
(SECOND EDITION)

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1. WHAT IS THIS BOOKLET ALL ABOUT?

- *Do you suspect a young person in your family self-injures?*
- *Are you confused about why someone would self-injure?*
- *Are you concerned about a young person in your family who self-injures?*
- *How can you help young people who self-injure?*

Self-injury is a confusing behaviour, and it can be really worrying when someone you know self-injures. This guide is based on our best understanding of the current available international literature, and a large number of our own research studies over many years. In preparing the guide we consulted families, health care professionals and parents of young people who self-injure, as well as the young people themselves. We believe we have gained a good understanding of self-injury, and what young people want from people who care about them.

The guide was developed to help parents and families understand self-injury, and to find some effective ways to intervene. It explains self-injury and provides some useful tips and resources for parents and family members. We hope you benefit from the information we have provided.

2. WHAT IS SELF-INJURY?

Self-injury is a term that can mean different things to different people.

- *Deliberately hurting the self*
- *Deliberate destruction or alteration of body tissue without wanting to die (that is, what is known as Non-suicidal self-injury or NSSI)*
- *Self-mutilation, auto-aggression*
- *Deliberate self-harm (DSH) is a term also commonly used to describe self-injury, but usually includes the wish to die (i.e. 'a suicide attempt')*

What we write about in this guide is self-injury with no wish to die (that is, NSSI). We do **not** include drug use, alcohol abuse, anorexia or bulimia as self-injury; although we understand it can be argued they are forms of self-abuse or self-injury.

Our focus is primarily on damaging the outside of the body to relieve bad feelings inside. This may include cutting, scratching, burning, hitting a part of the body on a hard surface, or deliberately interfering with wound healing. We also include swallowing of objects or chemicals to damage the body, as long as it is clear that it is not a suicide attempt.

3. WHO IS LIKELY TO SELF-INJURE?

There is no particular type of person more likely to self-injure. While people who self-injure tend to begin as an adolescent or young adult, our research shows that adults *and* older people also self-injure. Males and females, rich and poor people, and people from different cultural backgrounds - all can self-injure.

An important fact is that you don't have to have a mental illness to need to self-injure. However, the Royal Australian and New Zealand College of Psychiatrists has produced guidelines that identify people and groups who may be ***at more risk***. They use the term self-harm, and include:

- Those under stress or in crisis and those who have self-harmed before
- Those with mental disorders (e.g. anxiety, depression or schizophrenia)
- Those who misuse alcohol or other substances
- Those who have experienced childhood trauma or abuse
- Those who have a debilitating or chronic illness

The risks themselves ***do not cause*** the problem. Rather, each one contributes to an increased possibility of self-harm occurring in the first place, or of self-harm being repeated.

This leads us to the idea that if you are able to help a young person sort out any problems that seem to be contributing to self-harm, then the self-harm may not need to occur, or will happen less often.

Perhaps what is more important is to discover ***what protects*** young people from needing to self-injure in the first place, or ***what may reduce the likelihood*** of self-injury, or perhaps reduce the likelihood of repetition or increasing severity.

We do know that 'supportive family and friends' is the most common reason given by those who manage to give up self-injury. It makes sense that if you feel you are 'connected' (that is not 'isolated'), you know you can phone someone you trust to talk things through without them getting all upset, this will go some way to protect you. The same is likely to be even more true of family members. Being part of a caring group, with shared goals, and where you gain some sense of meaning, can be helpful in reducing self-injury.

In the future we will probably be much more clear how lifestyle, diet, medications, family relationships, early childhood experiences and personality all fit together for someone who self-injures. We will be better at helping people to access the support and therapy they need. We are also likely to improve our knowledge of which therapies work best for young people and their families. But for now, we probably have to work case by case, person by person, family by family - a bit 'trial and error'. The critical thing is that there is at least one person, trusted by someone who self-injures, and who is willing to stay for the whole journey. Perhaps it will be you.

4. WHY DO PEOPLE SELF-INJURE?

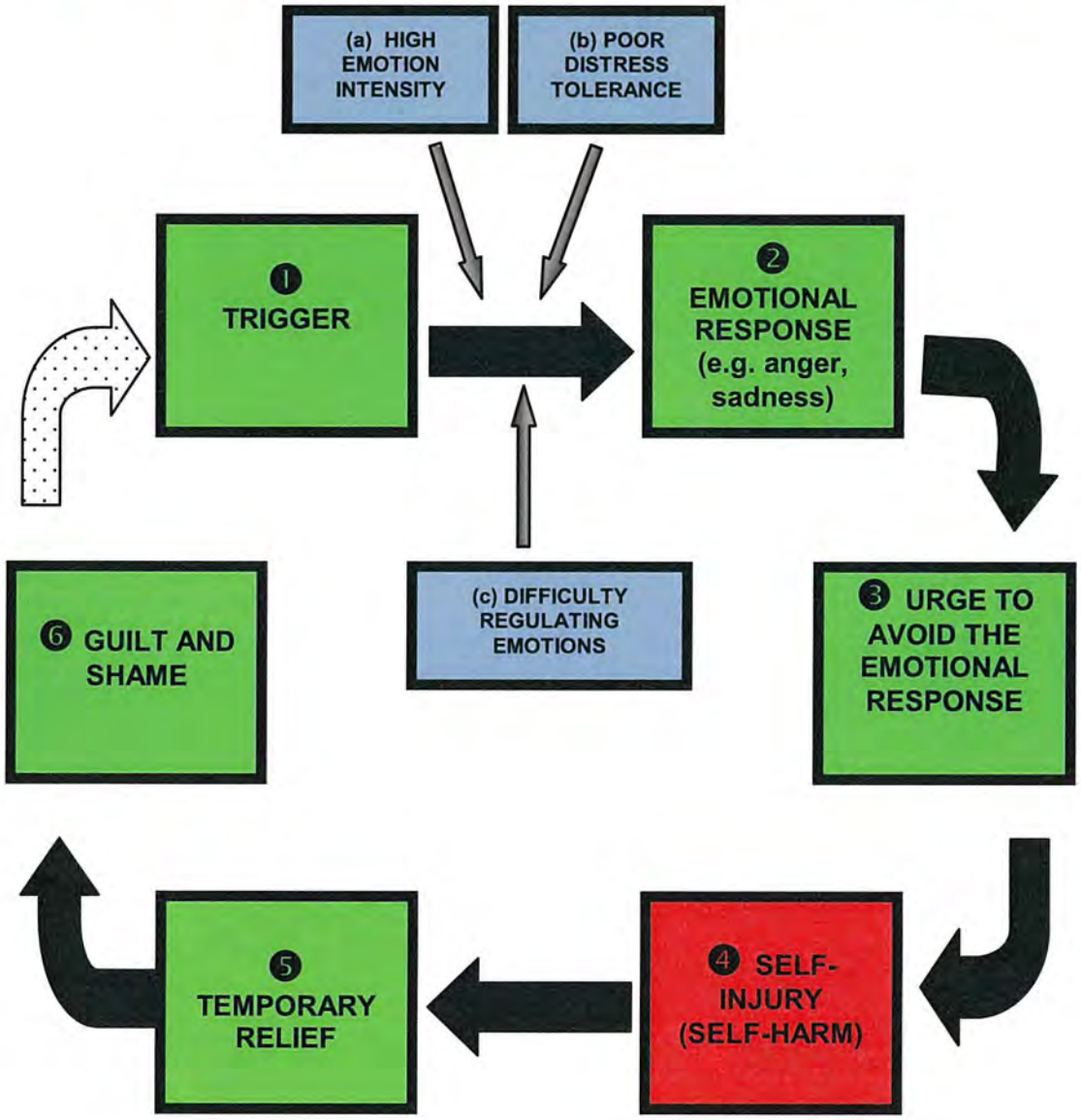
Self-injury is relatively common. Our recent research has shown that about 8% of Australians claim to have self-injured at some time, and that 1% admit to hurting themselves more than once in the previous month. The research also found many reasons someone might self-injure. These may include:

- *Releasing unbearable mounting tension*
- *Relieving feelings of aloneness, alienation, hopelessness or despair*
- *Combating desperate feelings or thoughts*
- *Getting rid of anger or rage*
- *Self-punishment*
- *Attempting to feel alive again*
- *Regaining a sense of control*
- *Self-soothing*
- *Confirming personal boundaries and a sense of self*
- *Communicating with others*
- *Expressing conflicting ideas that feel confusing*
- *Controlling dissociative states, where the person is trying to bring themselves back to reality*

But you must not jump to conclusions. Always ask the young person what best describes what they are going through.

We think this model is helpful. The diagram describes how a person can get into a cycle of self-injury.

Chapman, A.L., Gratz, K.L. & Brown, M.Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy* 44, 371-394.



1. The cycle begins with a new event or 'trigger', (often involving feelings of loss, rejection or abandonment). This may remind the person of an old problem. The upset

feelings may be automatically unbearable, or may increase over time, despite attempts to avoid them. For some people, there is emotional and psychological numbness.

2. The emotional pain or numbness becomes intolerable
3. Other ways to reduce the pain fail, and though attempts may be made to avoid self-injuring, a critical level is reached and the urge to self-injure (having maybe appeared to work in the past) becomes the 'only alternative'.
4. The aftermath may involve an initial feeling of relief, but this is usually short lived. Guilty thoughts creep in, and friends and family may be avoided. At this point there may be 'an urge to tell', or even a search for help. If help is not recognised or is actively pushed away or resisted, then the cycle may begin again.

Self-injury occurs for a number of different reasons. Many different theories have been proposed to better understand and explain it. These include: biological influences, or differences in how the brain works (perhaps genetic, but also some people think it may be dietary); internal conflicts (arguments within ourselves) about which we are not always aware; old patterns of behaviours that we have learned over time; and influences in our social and cultural environment. These theories are explained a little more on the next page.

Biological: Psychological trauma from old painful events in our lives can affect the brain and the body in powerful, subtle and enduring ways. With a sensitised biology, the person may then experience more stress than others in a new

situation, or find it difficult to manage their anxiety. Change is possible but means focusing on, or resolving, the earlier trauma, and learning new strategies to manage stress and achieve mind-body balance.

Psychodynamic: Some people who have had rough times in their early days ('vulnerable' individuals) may experience a new situation according to an old family pattern or personal experience (ie they relive the original problem). They react as they did in the past, just automatically. Hidden old tensions in the mind, old anxieties, and old patterns of behaviour can be difficult to identify, difficult to bear and difficult to sort out. These 'vulnerable' individuals may have an increased need for self-soothing to calm down. Sometimes (often initially by accident) self-injury can become a self-soothing mechanism. Change here is focused on raising awareness about these old internal conflicts and patterns, and finding relief and comfort in safer, less destructive ways of self-soothing.

Behavioural: Self-injury can become a learned behaviour and sometimes a habit. One method which may lead to change is focused on replacing self-injury with something a bit less destructive, and reinforcing healthier habits for coping both emotionally and practically. The changes are made slowly, bit by bit.

Social and Cultural: Self-injury is more common in marginalised and oppressed people and cultural groups. Change in this case is focused at a different level - on cultivating a more just society, facilitating release of anger and grief that may be associated with disempowerment,

trying to enable the person to find effective power strategies such as through social action.

Perhaps the best way to understand the experience of people who self-injure is to listen to what ***they*** have to say about it:

> *"Some people say it's to seek attention. So why am I so careful to hide it all the time?"*

- Some young people tell us they really don't know why they self-injure
- Most hide while self-injuring, doing it somewhere private or at a time of day where they feel they will be less likely to be discovered
- Some say it is an impulsive act; some talk about having a ritualised way of doing it
- Most feel bad in some way before the act of self-injury (e.g. depressed, stressed, angry, memories of trauma), and that everything 'builds up'
- Some talk about feeling no physical pain during the act of self-injury, while others say they need to feel the physical pain to 'make all the feeling stuff go away'
- Some feel good while cutting; some don't
- Some say the sight of their own blood makes them feel real, where before they felt like they were not part of life
- Some are not able to describe the experience, as if they have switched off during the act
- Many feel release or relief immediately after self-injury, but many also talk about feeling ashamed or even frightened afterwards

- Most cover up their self-injury scars / wounds (e.g. long sleeves in summer, lots of bracelets)
- Every young person we have talked to agrees that self-injury is not about 'seeking attention'

"It was an accident that I started. There was this other girl, and she was hurting herself. Her problems and feelings seemed just like mine, and nothing else had worked. So..."

"Sometimes I get so angry, I just need to hit something; the pain over the next few days seems to help me focus on stuff..."

5. How do I know if someone self-injures?

It is not always obvious whether someone is self-injuring. However there are some signs that might help you work out that your child is not coping well. These might include:

- Being withdrawn, more private or quieter than usual
- Not participating in activities they usually participate in
- Mood changes, up one minute down the next
- Getting angry or upset easily
- A history of a significant event (such as breaking up with a boyfriend/girlfriend)
- Not coping well with school work when they have in the past
- Unexplained cuts or scratches
- Covering up parts of the body (e.g. wearing long sleeves on a hot day)

If you are concerned about someone you know, the first step always is to talk with them and offer support. If you feel this is not enough, you should encourage them to talk to someone you know they care about and respect, as well as to a school counsellor/school nurse, teacher, or your local doctor.

Show them the resources at the back of this booklet.

If you are really concerned about them, or worried they may be in danger, you may have to decide to talk yourself to your local doctor, or your child's school counsellor/school nurse or a teacher.

6. WHAT MIGHT STOP SELF-INJURY?

There is an old song where the chorus line begins: "Accentuate the positive...." In truth this may be an important part of helping to reduce self-injury.

The list below identifies *protective factors* that may help to motivate and support a person who self-injures.

- *Physical wellbeing, good nutrition, sleep and exercise*
- *Secure, appropriate and safe accommodation*
- *Physical and emotional security*
- *Reduced or zero alcohol, tobacco and other drug use*
- *Positive school climate and achievement*
- *Supportive caring parents or another family member*
- *Good problem-solving skills*
- *Optimism, a sense of hopefulness for the future*
- *Pro-social peers (people who want to be part of friendship groups and contribute to local groups and society)*
- *Involvement with a significant other person (someone you trust who gives you meaning in life)*
- *Availability of opportunities at critical turning points or major life transitions (e.g. getting a job after school)*
- *Meaningful daily activities*
- *Sense of purpose and meaning in life*
- *Sense of control and efficacy (what you do achieves what you set out to do)*
- *Financial security*
- *Lack of exposure to environmental stressors*
- *Good coping skills*
- *Effective use of medication (when required)*

7. WHAT DO I DO IF MY CHILD SELF-INJURES?

Self-injury can be frightening and difficult to understand; hopefully the information in this guide is helping you understand self-injury a little better. It is perhaps even trickier to know precisely what to *do* when someone you care about is hurting themselves, so we suggest some practical things you may like to consider.

The first thing to say is that when you begin to discuss the possible issues around self-injury with a young person, you may begin to find out about circumstances that are not pleasant to think about. So you, yourself, need to have supports in place – a partner, or a friend, or a professional who has some knowledge or experience of self-injury, and with whom you can discuss serious issues.

One single parent found out for the first time that a previous male partner of hers had been abusing her daughter during their relationship. As the young woman grew into young adulthood her memories had returned, and she had discovered an overwhelming hatred of the man and a deep well of anger toward the mother. Another parent found out that her delightful, gentle, and artistic son, in middle adolescence, was struggling with whether he preferred young women or young men as possible partners.

These are complex issues to deal with, and are unlikely to be sorted out overnight. You may well need professional help to support your family through a difficult time.

- Talk openly and honestly with the person; don't hold back or pretend you have not noticed. You may have to choose the right moment for this, and **an aggressive or intrusive approach will not help**
- Try to explore the best understanding you can reach of why they have hurt themselves. You may have to wait for the right opportunity, and **you would not want to explore these things over and over; that is not helpful for you or your child**
- Be understanding rather than judgemental. You have to listen to their side of the story, and try to make sense of it from their point of view. **Their life experience may have been very different to your own**
- Whatever previous difficulties you may have experienced together, let them know you are always there to talk to if they want to talk, or available for a hug if they feel the need
- Let them express *their* feelings (anger, sadness, frustration etc). Sometimes it is blowing off steam; sometimes there are serious things to be angry about. Either way, 'getting it off their chest' will be really helpful.
- This may be very uncomfortable for you, but if your goal is to really to help things change, then **as an adult and parent, you may have to put up with the discomfort**
- Offer to go with them to talk to a counsellor, school nurse; it just may help them to take that first step
- Share the resources at the back of this book

In addition to beginning to sort out the underlying issues, a number of other things have been suggested, by self-injurers, that may specifically reduce the self-injury. Some of

these will work with some people some of the time. They are suggestions.... At least consider giving them a try..."

Rituals to replace self-injury

Rituals, or behaviours that are regularly performed in a set manner, can play an important role in adding meaning to our lives. They help us reflect on how we feel and how we relate to other people.

For some people, self-injury can function as a sort of ritual; a little process you have to complete before you can get on with your day. Finding alternative less damaging little rituals may offer the person an escape from present distress as well as comfort and care. And they may end up with fewer long-term scars!

Here are some examples:

Suggest getting up at dawn, looking out the window, and when they see the first rays of light from the sun, make a promise to achieve something good that day. (OK so which young people get up at dawn? You might be surprised. Anyway the idea is to help your child start each day with a good promise to themselves.)

Suggest making a ritual of writing letters of forgiveness as a way of putting painful memories to rest or letting things go. Everyone has had times of being hurt by another person, and when we remember them we usually feel negative feelings, even if it is only "I wish it had not happened". When we forgive someone for their stupidity, destructiveness and anger, it actually does help us. The funny thing is that you can write the letter or email, and

not send it, and it still makes you feel better. Try it for yourself. There is actually an online version of this for young people at ReachOut.com. It is an email service in the form of a rocket into space. You write whatever you want (as nasty as you want), forgiving or not, and you can name names. When you press the 'send' button the email disappears into cyberspace. Literally thousands of young people have used the service over the last 10 years, and feedback has been very positive.

Suggest making a time capsule (an old biscuit tin for instance) filled with things that belonged to the old self (the one that was really hurt in the bad old days) and then performing a ritual of burying the capsule deep in the back yard. You can think of it as a permanent burial of old stuff. When your young person is completely well, there is always the option of digging it up and sorting through again; then they can rebury it with new stuff if they have to.

Suggest holding a tree-planting ceremony to celebrate the start of a new chapter in life. Again, how many young people have an interest in gardening or might get out there and do this? Don't know. But the idea is that they are planting something little and new that will grow day-by-day, year-by-year (yes, you may have to water it). Each day they look, it will symbolise that new start in their life growing inch-by-inch, flower-by-flower.

Suggest keeping a diary, to fill in the good, the bad and the ugly. (You may have to promise never to search for it, or ever read it by accident. You must treat this as a very

private and secret process – ie none of your business).They could draw, scribble, and add photos. For special words they could use codes that other people would not understand (even if the diary were to be read).

Help them to make a special healthy lunch for school or work or Uni each day. Eating healthy will provide more energy and anyway it tastes better. Make sure they treat themselves with something special once in a while…

Strategies for coping with self-injury

If you read other books or advice manuals, or look up self-injury help sites on the Internet, you will find lists like this one. Sometimes young people look at the list, and immediately go "Duh! I would never do that" or "That couldn't possibly work". When we spoke to all the young people we know, it was clear that some things work for some people, some of the time.

We don't claim that either they will work, or that your young person will react kindly to the suggestions. However, try to get them to try each one, before either of you dismiss it…

- *Take a deep breath and count to 10…*
- *Wait 15 minutes before self-injuring…*
- *Provide a distraction by going for a walk, watching TV, talking to a friend*
- *Think through all the things that are really important - (a pet, special friends, or a new sleeveless top they want to buy)*

- *Spend some time thinking about all the things that makes them feel special, or that gives their life meaning*
- *Write in a journal, draw, or express feelings in another way*
- *Think about something positive that happened in the last week, and try to work out how to get it to happen again*
- *Focus on goals decided during next week*
- *Practice relaxation exercises, breathing slowly*
- *Focus on the moment how they are feeling right now; keep at it till the bad feeling goes away (it will!)*

Some of these may need special training in relaxation or 'mindfulness', and are part of a number of therapies.

8. SEEKING SOLUTIONS

One of the ideas which has crept into various forms of therapy in recent years is the idea of focusing on solutions rather than focusing on the problems all the time. This idea may be useful to you in your parenting of a young person who self-injures. Don't mis-understand – we are not trying to turn you into a therapist. We are sure you would not want that responsibility, and we have no doubt your young person would reject it out of hand! But as a way of thinking, it has some merit.

It is all too easy in our modern lives to end up focusing on all the problems of our daily lives. Self-injury adds one more serious problem to the mix, and it may be easy to become obsessed about it, ruminating on the possible causes and sequelae. None of that may be helpful to anyone.

Key questions to ask yourself and your young person (and it may be best done as a collaborative discussion):

When does self-injury NOT happen?

- What is the longest interval between episodes of self-injury?
- What was happening during those days or weeks?
- What were people doing?
- How were people getting on?
- Who knew that there was no self-injury?
- Who was supporting the young person during this time?
- Were there just ordinary every day things happening, or were there special events?

If you can get to answer these questions it may be the beginnings of a solution. The theory goes that if you do one or more of these positives things more often, or for a longer time, it may help.

As an example, if your young person has a special friend, and they came over one weekend, and everything was happy and light and easy – and the halo effect from this lasted 3 days – and there was no self-injury.... Why would you not repeat the experience?

Another example, if you have a verbal fight with your young person, and you find out that he or she self-injured the next day – but on the other hand when you can resolve issues without fighting, there does not appear to be any self-injury for weeks.... Why would you not try to solve problems and issues early and with the least anger and heat?

None of this is easy, and you may need to be your own detective, hunting down all the little and big good things and making them last longer, or have more meaning, or at least get discussed;

"I've noticed that when you are swimming regularly in our pool during summer, you seem in much better spirits. Would you like me to organise some times at the local indoor pool for you while it is winter...?

9. A NOTE ABOUT SELF-INJURY AND SUICIDE

Understanding the relationship between self-injury and suicidal behaviour is one of the most complex areas for anybody working with people who self-injure. While self-injury is usually *not* related to suicidal thoughts or feelings, in some cases people who self-injure do report life not being worth living, and a feeling of wanting to die.

When we spoke to young people who self-injure, what was really important to understand was that many of them talked about self-injury *actually keeping them alive* and reducing their wish to suicide; in other words self-injury became a sort of coping mechanism.

On the other hand, many young people talked about self-injury serving functions that had nothing to do with suicide or feeling suicidal. Many young people were really angry about responses from professionals who assumed they were suicidal when they were just self-injuring to release or control feelings. Despite this, some young people had been suicidal at some point, and they had self-injured with both suicidal and non-suicidal intent at different times (we said it was complicated).

What this means is that if you are concerned that someone you know might have thoughts of ending their life it is really important you speak to someone at school, a counsellor, or refer to the resources at the back of this booklet.

10. GETTING HELP

"it is perfectly acceptable to shop around and eventually find someone who is the right person to help"

It is generally agreed that an important part of treatment is facing up to underlying or old issues and problems that relate to self-injury, such that people are more able to cope and, in turn, become less likely to self-injure.

The young people we interviewed had a range of experiences with professionals and others in regards to self-injury. The experiences ranged from positive and helpful to the negative and punitive.

Professionals who listen to the young person, don't judge them by their self-injurious behaviour, work at building good rapport, don't push the young person to stop the behaviour (before helping the young person to find adequate alternative coping strategies), assist with coping skills, work in a person-centred, solution focussed way, and don't 'freak out', were viewed favourably by the young people we interviewed.

Mental health professionals take a number of different approaches to helping their clients. Approaches that have shown some success with people who self-injure include Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Mindfulness, and Problem Solving Therapy. Other therapies may be helpful – for

instance expressive therapies like Voice and Movement Therapy – but these have been less researched, and ,ost professionals prefer therapies with strong evidence that they work.

Cognitive Behaviour Therapy (CBT) is a psychological therapy that aims to address issues such as anxiety and depression, as well as a range of other mental health concerns. The focus is on changing the way individuals think, which impacts on the way they feel and the way they act. The approach often involves teaching effective problem solving skills, coping strategies, how to manage exposure to challenging situations, relaxation, identifying thoughts and feelings, and challenging individual beliefs.

Dialectical Behaviour Therapy (DBT) was specifically developed for the treatment of people who engage in self-injury and/or suicidal behaviours. The focus of DBT is both accepting the individual being treated (from the perspective of the therapist conveying acceptance and the patient learning acceptance), helping the person to change behaviours that may be self destructive (such as self-injury), and working towards a life that is fulfilling to them.

Learning **Mindfulness** is one of the many ideas that are part of DBT, and can in itself assist people who are anxious or depressed, or who engage in self-injury. Mindfulness is being aware or paying attention to the stimuli coming through your senses, that is, what you see, smell, taste, feel and hear (the unfolding of experience in the present moment). This includes being aware of your emotions and your thoughts. An important element is to learn to be non-

judgmental, just accepting whatever comes to your mind moment by moment.

Potential benefits of mindfulness include staying focused, particularly at times of high emotion when the many incoming thoughts or ideas or stimuli may cause one to feel 'scattered'. It helps people to act less impulsively by enhancing awareness of urges to action. For those who go over and over upsetting things ('ruminate') at length, it may help them to turn attention to other things or turn off the stream of images and thoughts. It increases the capacity to experience joy. Ultimately, (once you have got the idea and practice regularly), the awareness can help you experience a richer quality of life.

Problem Solving Therapy (PST) is a brief psychological intervention that focuses on identifying specific problems an individual is facing, and generating alternative solutions to these problems. Individuals learn to clearly define a problem they face, brainstorm multiple solutions, and decide on the best course of action. A key element of PST is testing the chosen solution to see if it is effective, and refining the decision-making and problem solving strategy if necessary. Learning and practicing the process help you identify and effectively solve problems you face in the future.

There is one final area we need to discuss, and that is acute care. There may be times when you believe that the injuries need medical attention, or where you are beginning to believe that either the whole situation is becoming more serious, or you are beginning to feel you cannot cope. Either

way you may feel that a professional assessment is really important.

Make these decisions early if you can, and plan to visit your GP, or a local youth mental health service (like CYMHS or Headspace). If you leave it too long, then there may be a crisis, you may not know where to turn, and the sheer anxiety attached to help-seeking may make things worse.

Having to go to an Emergency Department at a hospital is not fun for either you or your young person. These are busy places, and often the staff either do not have skill at dealing with self –injury, or are angry and resentful about 'self-inflicted wounds'. We have heard stories of young people being left alone for hours before being treated, or (in a few cases) actually being sewn up with no anaesthetic. Clearly this should not happen, and we have to seek solutions to ensure it does not.

The best thing is for you to make sure you attend with your young person. Again, it may not be a fun experience, but you may be able to stop further traumatizing experiences from occurring, or remind staff that this is the only way that your young person can manage their emotions at this time, and they should be careful not to make things worse by an abusive or stigmatizing approach. If you do this, it will become a shared experience along the pathway toward recovery. But remember, you may need to discuss things with your best friend or partner afterward, just to debrief and clear your own feelings.

11. USEFUL RESOURCES

If you, or someone you know, would like more information about self-injury the following resources may be useful:

National Services

- *Kids Help Line (instant telephone support – special expertise for young people) (1800 55 1800) www.kidshelp.com.au*
- *Lifeline (instant telephone support – special expertise in self-harm) (13 11 14) www.lifeline.org.au*
- *SANE Australia (complaints about services or media/support) (1800 187 263) www.sane.org*
- *Aboriginal and Islander Community Health Service www.aichs.org.au*
- *Australian Drug Information Network www.adin.com.au*
- *Headspace www.headspace.org.au*
- *Homelessness Australia www.homelessnessaustralia.org.au*
- *Department of Human Services www.humanservices.gov.au/customer/subjects/domestic-and-family-violence*
- *The Salvation Army – Domestic Violence www.salvationarmy.org.au/find-help/domestic-violence/*
- *Reach Out! (by young people for young people - broad information) www.Reachout.com.au*

State-based Services

- *Child and Youth Mental Health Services www.health.qld.gov.au/*
- *Child and Adolescent Mental Health Services (State specific)*
  www.health.vic.gov.au/mentalhealth/services/child/
  www.health.nsw.gov.au/mhdao/camhs.asp
  www.health.wa.gov.au/services/detail.cfm?Unit_ID=370
  www.dhhs.tas.gov.au/mentalhealth/mhs_tas/gvt_mhs/child_and_adolescent_mental_health_services
  health.act.gov.au/c/health?a=sp&pid=1316133581&site=51103&servicecategory=23
  www.health.nt.gov.au/Mental_Health/index.aspx

Additional Mental Health Websites

- *Beyondblue (information about depression) www.beyondblue.org.au*
- *Headroom (mental health info for young people) www.headroom.net.au*
- *LiFe (Commonwealth funded site with all info on suicidality) www.livingisforeveryone.com.au*
- *Mental Health Associations across Australia www.mentalhealth.asn.au*
- *The MoodGYM moodgym.anu.edu.au/welcome*
- *National Institute of Mental Health (US site – good info on mental health) www.nimh.nih.gov*
- *Psychcentral www.psychcentral.comReality Check/Media Check www.realitycheck.net.au*

- *Mobile Safety Services www.ruok.com.au*
- *Young Adult Health www.cyh.com/HealthTopics*

Websites – Self-Injury Specific

- ASHIC: American Self-Harm Information Clearinghouse www.selfinjury.org/
- LifeSIGNS: Self Injury Guidance and Network Support www.selfharm.org/
- RecoverYourLife.com www.recoveryourlife.com/
- S.A.F.E. Alternatives®: Self Abuse Finally Ends www.selfinjury.com/
- Self-Injury And Related Issues www.siari.co.uk/
- Self-injury guidance and network support www.lifesigns.org.uk
- Self-Injury Support www.sisupport.org/
- Self-injury.net www.self-injury.net/
- Self-injury: you are not the only one www.palace.net/~llama/psych/injury.html
- The International Self-Mutilation Awareness Group http://flmac.tripod.com/ismag/index.html
- The National Self-Harm Network http://www.nshn.co.uk
- Therapy for Self-Injury on Facebook http://www.facebook.com/groups/132968936724268/
- To Write Love on her Arms https://www.facebook.com/towriteloveonherarms
- Understanding Self-Harm http://harm.me.uk/ Young people and self-harm http://www.selfharm.org.uk/default.aspa

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